



3. Further information about private insurance source (if applicable)

a. Name of insurance carrier: \_\_\_\_\_

b. Group Policy ID No.: \_\_\_\_\_

c. Policy holder Name & ID No.: \_\_\_\_\_

d. Name of each child covered: \_\_\_\_\_

e. Cost per month of coverage for child(ren): \_\_\_\_\_

*(To determine coverage for the child(ren), determine the total cost for family coverage and subtract from this amount to insure all covered individuals except the children).*

f. \_\_\_\_\_ is responsible for paying the premium.

g. Insurance is provided through \_\_\_\_\_ employment of mother \_\_\_\_\_ employment of  
father \_\_\_\_\_ other source.

If other source, please state who obtained the insurance: \_\_\_\_\_

4. Further information about public insurance sources (if applicable)

The premium for child(ren) covered by CHIP is: \$\_\_\_\_\_.

\_\_\_\_\_ is responsible for paying the premium.

5. Further information about reasons why health insurance is not currently provided (if applicable)

a. \_\_\_\_\_ (mother) does \_\_\_\_\_ does not \_\_\_\_\_ have access to private  
health insurance.

\_\_\_\_\_ (father) does \_\_\_\_\_ does not \_\_\_\_\_ have access to  
private health insurance.

b. \_\_\_\_\_ (name of party) has applied for coverage under

\_\_\_\_\_ (name of insurance carrier/program).

The status of the application is: \_\_\_\_\_.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name \_\_\_\_\_